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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/574,053			ing Date 29/2006	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								_				HER THAN ALL ENTITY	
FOR N			JMBER FIL	.ED	NUMBER EXTRA		Г	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A		1	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(a), (p),		N/A		N/A			N/A			N/A		
TO (37	CFR 1.16(i))		minus 20 =		•			x \$ =		OR	x \$ =		
	EPENDENT CLAIN CFR 1,16(h))	IS	minus 3 = *					x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit 35 U	tion and drawings exceed 100 er, the application size fee due for small entity) for each sheets or fraction thereof. See a)(1)(G) and 37 CFR 1.16(s).										
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))							ı			1			
* If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL												L	
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY CLAMIS HIGHEST													
AMENDMENT	12/28/2010	REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOU PAID FOR	ISLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	• 4	Minus	 26		= 0		x \$ =		OR	X \$52=	0	
	Independent (37 CFR 1.16(h))	• 2	Minus	 3		= 0		x \$ =		OR	X \$220=	0	
	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R JSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())		Minus	**				x \$ =		OR	x \$ =		
	Independent (37 CFR 1,16(h))	*	Minus	***				x \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))									1			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
							•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
**	If the entry in column 1 is less than the entry in column 2, write 0" in column 3. If the "Highest Number Previously Paid For MT NIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For MT NIS SPACE is less than 3, enter "2". If the "Highest Number Previously Paid For MT NIS SPACE is less than 3, enter "2". If the "Highest Number Previously Paid For MT NIS SPACE is less than 3, enter "3".												

This collection of information is orquined by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in its in following process) an application Confidentiality is operand by 38 US 6.2. 22 and 37 CFR 1.4. This collection is estimated to the 82 trainware to complete, encluding pathening, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.